24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	
	C C00571372
Check if 24-hour report	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 12 2016
Mailing Address 1020 Princess Street	Amount
City State Zip Code	125.40
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	01 / 12 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
Marco Rubio Oppose	President Senate State:IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	142.50
Alexandria VA 22314	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	01 12 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
Marco Rubio	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:
(a) CURTOTAL of Harrison Indonesia Francischer	007.00
(a) SUBTOTAL of Itemized Independent Expenditures	267.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Charles R. Spies [Electronically Filed] Date 0	11 14 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
	O times:
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
Revolution Agency	01 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	57.00
Alexandria VA 22314	Transaction ID : 003 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	01 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	38.00
Alexandria VA 22314	Transaction ID : 004 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	01 12 / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Marco Rubio Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbut 242392.13	ursement For:
(a) SUPTOTAL of Itamized Independent Expanditures	05.00
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Charles R. Spies [Electronically Filed] Date 0	1 14 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
Check if 24-hour report X 48-hour report New	v report Amends report filed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State	Zip Code 9.50
Alexandria VA	22314 Transaction ID : 005 Date of Disbursement or Obligation
Purpose of Expenditure Media Production	Category/ Type 004 01 12 2016
Name of Federal Candidate	Support Office Sought: House District:
Marco Rubio	Oppose President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State	Zip Code 3.80
Alexandria VA	22314 Transaction ID : 006 Date of Disbursement or Obligation
Purpose of Expenditure Media Production	Category/ Type 004 01 12 2016
Name of Federal Candidate	Support Office Sought: House District:
Marco Rubio	Oppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SSPICIAL OF ROMEZON MAGPORAGIN EXPONENTIALOS	10.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	tures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ctronically Filed] Date 01 14 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
<u> </u>	01 12 2016
Mailing Address 1020 Princess Street	Amount
City State Zip Code	3.80
Alexandria VA 22314	Transaction ID: 007 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	01 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Marco Rubio Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M - M / D - D / Y - Y - Y - Y
Mailing Address	Amount
City State Zip Code	
Siny 2:55 2:5	
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
Fel Liection for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	3.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	380.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
· Buto	01 14 2016
Signature	